

Case Number:	CM14-0174190		
Date Assigned:	11/14/2014	Date of Injury:	07/10/2003
Decision Date:	12/22/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60 year old female with an injury date on 07/10/2003. Based on the 09/25/2014 progress report provided by the treating physician, the diagnoses are: 1. Posttraumatic Stress Disorder 2. Major depression disorder 3. Pain disorder According to this report, the patient has "returns to this office due to the deterioration of her psychological condition. The patient has remained untreated for her psychological condition for approximately 1 year." Patient's current complains are: "depression, anxiety, flashbacks, chest pain, stomach pain, shakiness, lower back pain, bilateral hand pain, insomnia, lack of motivation wakes up crying, appetite disturbance, loss of libido, social withdrawal, nervousness, worry, fear, tension, fatigue, low energy, excessive crying spells, residual pain in her right shoulder and back area, pain in the tips of her fingers on her right hand that radiates into her right arm and the right side of her neck. "The utilization review denied the request for (12) Group Psychotherapy sessions over 3 months on 10/10/2014. The treating physician provided reports from 09/12/2014 to 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

(12) Group psychotherapy sessions over 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment For Depression, Cognitive Behavioral Treatment For Depression, (Psychoth. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness Chapter; Under Cognitive Therapy for Depression

Decision rationale: According to the 09/25/2014 report, this patient presents with "deterioration of her psychological condition." The current request is for (12) Group Psychotherapy sessions over 3 months but the treating physician's report and request for authorization containing the request is not included in the file. The UR denial letter states "the claimant has had prior unspecified amount of psychotherapy over the life of the claim." MTUS page 101 Psychological treatment states, "Recommended for appropriately identified patients during treatment for chronic pain." Psychological treatments for depression is also recommended and ODG guidelines support up to 13-20 sessions and up to 50 sessions in case of severe depression if progress is being made. Review of reports show the "patient has remained untreated for her psychological condition for approximately 1 year;" however, the numbers of previous sessions completed is unknown. There is no discussion as to how the patient responded to the previous sessions of therapy the patient received. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In this case, given the lack of discussion regarding the patient's progress and response to prior therapy, the requested 12 sessions is not supported. (12) Group psychotherapy sessions over 3 months are not medically necessary and appropriate.